Y, PHYSI- led. Exact	PLACE OF DEATH County St. Macy's	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 782
RECORD ated EXACTL operly classificate.	Village or Cheloraed lover (No. 2 Lynch )	St.: Ward)  St.: Ward)  Clif death occurred in a hospital or institution, give its NAME instead of street and number.)
stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ee st be pr ck of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mac, 3, 1925 7.  (Month) (Day) (Year)
Ehou tit m	6 DATE OF BIRTH  JOSS 13, (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  10. 1 3 1923 20 May 5 1923 2  that I last saw h walive on May 3 1925 7
HIS IS A blied. ACE ms so than nstruction	7 AGE   If LESS than   1 day hrs. or min.?	and that death occurred on the date stated above, at 5/2 m. The CAUSE OF DEATH * was as follows:
INKT	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Ovale  (Duration) yrs mos de
Be car	which employed or (employer)  9 BIRTHPLACE (State or country)  1 10 NAME OF	Contributory Secondary  (Duration)  yrs
Should E CF DI	FATHER Skeenedy Chell 11 BIRTHPLACE	(Signed) Maddress Coras d Vorm
ation gCAUS	OF FATHER (State or country)  12 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
LAINL f informed state occupa	OF MOTHER CARL TYNCH 13 BIRTHPLACE OF MOTHER (State or Country) Md.	ients or Recent Residents)  At place of deathyrsmosds.  Where we disease contracted.
035	(Informant) Request of MY KNOWLEDGE	if not at place of dea.h?  Former or usual residence
WRITE Every Item CIANS sho statement	(Address) Morial about	H. Ologous' 3/4, 132
3)	Filed 3/4 1932 (Cleuelles) Registra:  If more b.anks are needed, addre.s Ltate Kegistra:	W. G. Mailing & Alorandon r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATE, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a the first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Luborer-Coul mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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answered in detail, it will prevent further correspondence.

data is essential and must be obtained before the certificate is

permanently filed.

1932

\* American Medical Association.) Examples: Aecidental drowning; Struck by railway train tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n.ture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. approved by Committee on Nomenclature of the as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Browehopneumonia (secondary), (secondary or intercurrent) affection need not be Chronie interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Coreinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death If this certificate is looked over thoroughly and all qu stions "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronie valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage APR 6 1932	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BI	PHYSICIAN
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	03114
PLACE OF DEATH	STATE OF MARYLAND
County It Maris	CERTIFICATE OF DEATH
2000 11 -6	Registration Dist. No. 282
Village or City Stuffwood(No. 2FULL NAME Mary Soffia	St.: Ward)  St.: Ward)  (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED. WIDOWED. MILOSOFT. OR DIVORCED (Write the word)	16 DATE OF DEATH  Mas 25, 1932  (Month) (Day) (Year)
6 DATE OF BIRTH  Office (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from
7 AGE    Granth   (Day) (Year)   7 AGE   If LESS the law with the law	rs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Duration) yre, mos /// de.
which employed or (employer)  9 BIRTHPLACE (State or country)  H Masy's loo find.	Contributory Secondary  (Duration) yis mos ds.
10 NAME OF FATHER MACRIMICAL SUIJEHT	(Signed) J. J. M. D. M. D. Jeonus allown
(State or country) H Mazell God Mid	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER (State or Country)  OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Walsie Forwler	if not at place of doa.h?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hollywood Ma	20 UNDERTAKER Comelary Man 2 8 7, 19.3.2
Registral  If more banks are needed, address State Regist	trar, 16 W. Saratoga St., Balto., Reducation V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

. business, that fact may be indicated thus; Farmer (retired 6: yrs). For persons who have no occupation state occupation at beginning of illness. If retired from cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH g, ged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Forenun, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Stationary fireman, etc. But in many

. Statement of Cause of Death—Name, first, the DIS.
. EARLY CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptable ed term for the same disease. Examples: Cercbrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Wetahus) may be stated under the head of "contributory." Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

V. S. No.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-2
County of Marys	Registration Dist. No.
Village or City new Mhich acres veels	No. St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  as. How long in U.S. if of foreign birth?
	os
2. FULL NAME WEather 13 were	ough
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month 20 ,193 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Burroughs.	22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) 7. et . 10 866	I last saw have alive on March 67 1932 death is said
AGE Years Months Days / If LESS than	to have occurred on the date stated abovo, at 1. P
65-66 / 10 1 day, hrs	war as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Cheorie Valorela Heart 1929.
work was done, as SILK MILL, Jewer Daneting	diseau
10. Date deceased last worked at this occupation (month and spent in this occupation corupation cor	
2. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
13. NAME Planes #1. Bus and	
a de la companya della companya della companya de la companya della companya dell	
14. BIRTHPLACE (city or town)	Name of operation Dete of
15. MAIDEN NAME Elizabrela Soshoron.	What test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homloide?
7. INFORMANT En De Danier gl (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place all Touch chroate 3/22, 1932	Manner of injury
9. UNDERTAKER Elizat R. Joston (Address) Machandes ocalo.	24. Wes disease or Injury In eny wey related to occupation of deceesed?
0. FILED I 21 , 19 & 2 Leave & Duchowin Registrar.	(Signed) Lever & otheron M.D.  (Address) Challes It all
76 U. L	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death-and related causes of importance were as follows: CELVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APS 6 193?	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenterilis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARY CERTIFICATE OF DEATH classifled Registration Dist. No. (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, Wordowly OR DIVORCED (Write the word (Month) (Day) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) impo 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ō (Address) 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER cup/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country) Where was disease contracted, if not at place of death?.... shoul CIANS sho statement Former or usual residence (Informant) Every It 20 UNDERTAKER If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

BINDI

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Statement of Occupation-Precise statement of ocetc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The Nomenclature contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

			03117
Y, PHYSI- ed. Exact	PLACE OF DEATH County M. Mays	CERTIFICA:	MARYLAND TE OF DEATH on Dist. No. 287
EXACTLY IS Classificate.	Village or Chy Hally Word (No. 2FULL NAME Infant Com	St: Wa	rd) (If death occurred In a hospital or institu- tion, give its NAME Is stead of street and number.)
RE RE ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
te st be pr ck of	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	***************************************	(Day) (Year)
PER son	6 DATE OF BIRTH  Weav. 10 1937  (Month) (Day) (Year)	2.	nttended the deceased from 23, 1923,
VED FOR THIS IS A pplied. ACE erms so that e instruction	7 AGE    If LESS than   I day	and that death occurred on the date sta	
RESERVING INKTarefully supportant. See	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary	yrsmosds.
MARGIN TH UNFADI should be co	10 NAME OF FATHER Ven Bresie	(Signed Auch U, Cardina)	Danielly, D.
rmation te CAUS	(State or country)  12 MAIDEN NAME Bessie Buckles  OF MOTHER Bessie Buckles	*State the I is ase Causing Device to Causes, state (1) Means of Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Homicidals or Recent Residents)	
PLAIN of Info	13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death	the Statemosds.
WRITE WRITE CIANS sho statement	(Informant) Aroleusee (Address) Haleewood	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
EV CI	Filed. 3/23 1927 Connection Registra:  If more banks are needed, address Ltate Registra	20 ON DERTUKER , COLLEGE , COLLEGE , LE W. Saratoya St., Balto, Requesting	Hallyword V. S. No. 1.
U	If more blanks are needed, address take Negistra	,	14.

(Approved by U. S. Census and American Public Health Association.)

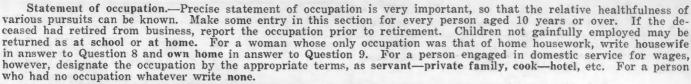
additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Luborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a ," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the Salesman. Locomolive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebyospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," eausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was underean be ascertained as the cause. Always qualify all inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is lcss dcfinite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.



To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy S A AVERAGE 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance; Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, nature of the business or industry, and therefore an Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. r," etc., Foremon, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The materia 6 Grocery,

Typhoid fever (never report "Typhoid Pneumonia").
Lobar pneumonia, Bronchopneumonia ("Pneumonia," s; inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS

> American Medical Association.) approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-" Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY "Weakness," etc., when a definite disease Committee on Nomenclature Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Measles;

answered in detail, it will prevent further correspondence. All t data is essential and must be obtained before the certificate permanently filed. If this certificate is looked over thoroughly and all questions

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH pluods County\_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred vrs. mos. \_\_\_ds. How long in U.S. if of foreign birth?\_\_\_ statement 2. FULL NAME ECORD. (a) Residence: No. Ward If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANEN BINDING 5a. If married, widowed, or divorced HUSBAND of 22. REBY CERTIFY. That I attended deceased from (or) WIFE of 6 certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE properl Years Months Deys If LESS than to have occurred on the date stated above, at 1 day \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. MARGIN RESERVED be Jo may back 9. Industry or business in which plnous work was done, as SILK MILL SAW MILL, BANK, etc ... no 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year) .... occupation .. instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13, NAME See 14. BIRTHPLACE (city or town plain (State or country) carefully MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) mo (State or country Where did injury occur?\_\_\_\_ plnods very (Address) OF 18. BURIAL, CREMATION OR REMOVAL Manner of injury CAUSE WRIT mation Neture of injury TION 19. UNDERTAKER (Address) If so, specify (Signed)

What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19. (Specily city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased?\_\_\_\_\_ Registrar. (Address) \_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

S.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
217117 (001117 0010	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. BIT

PLACE OF DEATH  County St. Mary  Village or City abells Md (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 6  St.: Ward) (If death occurred in
2 FULL NAME John J. Gibcon	St.: Ward) a hospital or institu- tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Married 6 DATE OF BIRTH	16 DATE OF DEATH  March (Month) 6 (Day) 1 93 Z(Year)  17 I HEREBY CERTIFY, That I attended the deceased from  March 1922 to March 6 , 1932
(Month) (Day) (Year)  7 AGE  82 yrs. 6 mos. 20 ds. or min.?	and that death occurred on the date stated above, at one of m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  2 Agall & Faurence	(Signed) (Duration) (Duration) (Signed) (Duration) (Dur
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNÓWLEDGE	ients or Recent Residents)  At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted, if not at place of death?  Former or usual residence.
(Informant) Cell Theory  (Address) Washington of  Filed 3-7-1922 M. V. Paleur  Registrar	19 PLACE OF BURIAL OR REMOVAL  Sacred Heart Cenutary Musich 8, 19.3  20 UNDERTAKER  ADDRESS  Classificas Marsh  16 W. Saratoga St., Beito., Requesting V. S. Nev. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthto report specifically the occupations of persons enlaborer, Physicun, Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, Locomolive engineer, 6 For persons who have no occupation Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) Recommendations on statement of cause of death (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Registration Dist. No. 26.7  St., Ward alor institution, give its NAME instead of street and number) in U.S. if of foreign birth? yrs. mos. ds.
alor institution, give its NAME instead of street and number)
If nonresident give city or town and State
CAL CERTIFICATE OF DEATH
EATH  (Month) (Day) (Yaar)
REBY CERTIFY, That I attended dacaased from
J 1932, to much 6, 1932
ive on 7429, 1932; death is said
date stated above, at _/O.3 O. P.m.
E OF DEATH and related causes of importance
ion
ses of importance:
nears
Data of
gnosis? Was thera an autopsy?
xternal causes (VIOL ENCE) filt in also the following:
micide?, 19, 19, 19
(Specify city of town, county and State)
occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
1
y in any way related to occupation of deceased? No.
Ent his Man M. D

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	-	Example II	
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 AFK 5 1932	July 5,1927	Peritonitis	3 days ago
	BULLIU V.S.			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Н	63123
t. No. 2	
stead of street	Ward number)
city or tow	a and State
F DEAT	
(Day) 2	, 193 2 (Year)
4, 19	ended deceased from 2, 1932 32; death is said
m. f importance	
Ky	Date of onset
	1/1/20
Date	of
also the foll	e an autopsy?

1. PLACE OF DEATH	(131)
County St Marys	Registration Dist. No. 257
Village or City I Verman or le	No. St., Ward
Length of residence in city or town where death occurred yrs	If death occurred in a horpital or institution, give its NAME instead of street and number)  is. ds. How long in U.S. if of foreign birth?
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Black OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs 07 min.  8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)	I last saw harmalive on to have occurred on the date steted above, at 6. P.m.
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Alice Gordon  16. BIRTHPLACE (city er town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece A Nicholas Control  18. BURIAL CREMATION, OR REMOVAL	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
19. UNDERTAKER Richard Thomas (Address) Vally Linguister  20. FILED Marsh 2, 1932 By Search Registrar.	24. Wes disease or injury in any way related to occupation of deceased? 200  If so, specify  (Signed)  (Address)  M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DURALU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.-WRITE

V. S. No. 1

2.1	MARGIN RESERVED FOR BINDING	FOR BINDING
-WRITE PLAINLY,	WITH UNFADING INK-THIS	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. E
mation should be care	fully supplied. AGE should be	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI
CAUSE OF DEATH i	n plain terms, so that it may be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact staten
TION is very importa	TION is very important. See instructions on back of certificate.	certificate.
1	MOLECULAR CONTRACT CO	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03124
1. PLACE OF DEATH	183
County // / / / / / / / / / / / / / / / / /	Registration Dist, No. 203
Village or City	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of the where death occurredyrsn	tosds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH MAN. 19 198 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) March 18-1932	I last saw h alive on, 19, 19, 19; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end	
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) WWYGAMGA	Other Contributory Causes of importance:
(State or country)  13. NAME (Man les Brown	
13. NAME COMMICES SAMWING  14. BIRTHPLACE (city or town) Datumors	Name of operation Dete of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME (Alice Folksalish Hall 16. BIRTHPLACE (city or town) Laurel Lynn	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) XIIIIII WAYN  State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT ALVEL EMPAJEM MALL (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRIMATION, OR REMOVAL DAIL DAIL 18 19 3	Manner of Injury
19. UNDERTAKER Properties of Hurbes (Address) Waradawaa	24. Was disease or injury in any way related to occupation of deceased?
20. FILED MAN. 19. 19. 12. K.B. Johnson	(Signed) A: 12 MWWW M. D.
Registrar.	(Address) J J J J J J J J J J J J J J J J J J

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were Arteriosclerosis	of death-and-related eauses as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 4 1932 .	July 5,1927	Peritonitis	3 days ago
	BURBAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Lindah e. F de to grant

 $\overline{\Box}$ 

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. tired 6" yrs). business, that fact may be indicated thus; Rainer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation are None. Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrasimal fever (the only definite synonym is "Epidemic derebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death lelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The Nomenclature of the contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. 8.

V.S. No. 1

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Margaret Jame Haydes  6. DATE OF BIRTH (inonth, day, and year)  7. AGE  Years  Months  Days  It LESS than 1 day, hrs. or. min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  (Month)  (Day)  22.  I HEREBY CERT t FY. That I attended decean and the control of the date stated above, at 19.32; dea to have occurred on the date stated above, at 14.52 Pm.  That PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Det  Carbon  Det  Contributory Causes of Importance:  Det  Det  Contributory Causes of Importance:	ds.  2 (Year)  ised from 19.3 2
Village or City. Several Value (If death occurred in a borpital or institution, give its NAME instead of street and number length of residance in city or town where death occurred.  2. FULL NAME  (a) Residence: ND.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write tha word)  1. DATE OF BIRTH (inonth, day, and year)  A GROW (Wonth)  (Day)  2. I HEREBY CERTIFY, That I attended deceased last vice of divorced hypothesis of the profession or particular for main.  8. Trade, profession or particular for main.  8. Trade, profession or particular for main.  8. Trade, profession or particular for main.  9. Trade, profession as SPINKER, SAWYER, BOOKKEEPER, etc.  10. Date Geessed last voice of this occupation (month and many)  11. Total time (years) spant in this occupation (month and many)  12. BIRTHPLACE (city or town)  (Stata or country)  PARTYLIANA  (If death occurred in a borpital or institution, give its NAME instead of street and number of the work in the surface of abode)  St., Ware.  Ware.  Ware.  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  21. DATE OF BEATH  22.  1 HEREBY CERTIFY, That I attended deceased to have occurred on the date stated above, at 19.32; death of the work done as SPINKER.  SAWYER, BOOKKEEPER, etc.  11. Total time (years) spant in this occupation (month and many)  12. BIRTHPLACE (city or town)  (Stata or country)  PARTYLIANA  (If death occurred in a borpital or institution, give its NAME instead of street and number of the word in the street and number of the street of the date stated above, at 19.32; death of the word of the date stated above, at 19.32; death of the word of the date stated above, at 19.32; death of the word of the date stated above, at 19.32; death of the word of the date stated above, at 19.32; death of the word of the date stated above, at 19.32; death of the word of the date stated above, at 19.32; death of the word of the date stated above, at 19.32; death of the word of the date stated above, at 19.3	ds.  (Year)  ased from  19.3 Z
(If death occurred in a hospital or institution, give its NAME instead of street and number length of residence in city or town where death occurred yes, mos. ds. How long in U.S. If of foreign birth? yes, mos.  2. FULL NAME Thomas Authors of the world of the as SPINNER, SAWYER, BOOKNEPER, etc.  3. SEX  4. COLOR OR RACE OR DIVORCED (write the world of th	ds.  (Year)  ased from  19.3 Z
Length of residence in city or town where death occurred	ds.  2 (Year)  ised from 19.3 2
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write tha word)  Thankshand of (or) WIFE	(Year) ased from 19.3 Z
(a) Residence: No.  (Usual place of abode)  (If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Sal DATE OF BEATH  (Month)  (Day)  (Da	(Year) ased from
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write tha word)  1. DATE OF DEATH  1.	(Year) ased from
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  1. Married, widowed, or divorced HUSBAND of (or) WIFE of Wargar f fare fragder  6. DATE OF BIRTH (inonth, day, and year)  7. AGE  Years  Months  Days  It LESS than 1 day, hrs. or main.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  1. Married  Months  Days  It LESS than 1 day, hrs. or main.  Work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  1. Married  1. Total time (years) spant in this occupation (month and year)  1. Data deceased last worked at this occupation (month and year)  (State or country)  Marry Law  21. DATE OF DEATH  (Month)  (Day)  22.  I HEREBY CERT t FY, That I attended decease to have occurred on the date stated above, at 19.32, dea t	esed from
Dranger of June 1932 (Month)  The principle of Contributory Causes of Importance  This part of this occupation (month and year)  The principle of Contributory Causes of Importance:  OR DIVORCED (write tha word)  Ma2 (Month)  (Day)  1932  1936  1936  20	esed from
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Course of Corp. WIFE of C	19.3 %
6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  It LESS than 1 day, hrs. or win.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SLIK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and many)  (Stata or country)  Many Land  1 last saw h alive on  7. AGE  7. AGE  1 last saw h alive on  7. AGE  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SLIK MILL, SAW MILL, BANK, etc.  11. Total time (years) spent in this occupation  Dther Coutributory Causes of Importance:  12. BIRTHPLACE (city or town) (Stata or country)  Paray Land  On the Coutributory Causes of Importance:	
7. AGE Years Months Days It LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Data deceased last worked at this occupation (month and yaar)  11. Total time (years) spent in this occupation (Stata or country)  12. BIRTHPLACE (city or town) (Stata or country)  13. Trade, profession, or particular to have occurred on the date stated above, at JAJEm.  Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  14. Total time (years) spent in this occupation  Dither Coutributory Causes of Importance:	46 1
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Data deceased last worked at this occupation (month and yaar)  11. Total time (years) spent in this occupation (month)  (Stata or country)  12. BIRTHPLACE (city or town)  (Stata or country)  13. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  14. The principal CAUSE OF DEATH and related causes of importance were as follows:  15. The principal CAUSE OF DEATH and related causes of importance were as follows:  16. The principal CAUSE OF DEATH and related causes of importance were as follows:  17. The principal CAUSE OF DEATH and related causes of importance were as follows:  18. Trade, profession, or particular were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE OF DEATH and related causes of importance were as follows:  19. The principal CAUSE	tu is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and warr)  11. Total time (years) spent in this occupation  12. BIRTHPLACE (city or town)  (Stata or country)  13. Total time (years) spent in this occupation  Dther Coutributory Causes of Importance:	
this occupation (month and Mark 132 spant in this occupation  Dther Coutributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  The ary land	e ot onset
this occupation (month and Mark 132 spant in this occupation  Dther Coutributory Causes of Importance:  12. BIRTHPLACE (city or town)  (State or country)  Therefore the coutributory Causes of Importance:	10/182
12. BIRTHPLACE (city or town)  (Stata or country)  Tharyland	
(State or country) Maryland	
13. NAME Stephen Hayden	
14. BIRTHPLACE (city or town) Date of Date of	
(State of country) What test confirmed diagnosis? Was there an autops	y?
15. MAIDEN NAME Cofeer Cold Hayden 23. If death was dua to externat causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city ar town)  Accident, suicide, or homicide?  Output  Where did injury occur?	19
Where did injury occur?  (Specify city or town, county and State)  17. INFDRMANT Policy Specify whether injury occurred in tNDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)	
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury	
Placa St Johns Date Ditar 23, 1932 Natura of injury	
19. UNDERTAKER Win to The thingly 24. Was disease or injury In any way related to occupation of deceased? No.  (Address) from any deceased? If so, specify	
20. FILED Man 22, 1932 Pyrem had (Signed) (Signed) (Address) Fresh Mills, kid	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example 11	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	1 1996	July 5,1927	Peritonitis	3 days ugo
	EURLEU V.S.			
Other contributory e	auses of importance:	-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

classified EXACT RECORD properly class of BINDING back may should uo instructions that 80 terms RESERVED See in plai important. MARGIN ō 00 SO CAU ATIO occup/ o no of CIANS sho Every

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Village or City (If death occurred in Ward) a hospital or institu-tion, give its NAME In-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, Letavole OR DIVORCED (Write the word) (Month) .....(Day) (Year I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: mos. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed).. II BIRTHPLACE (Address) OF FATHER RENT Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death \_\_\_\_\_yrs.\_\_\_\_ds. OF MOTHER In the State\_\_\_\_\_yrs.\_\_\_mos.\_\_\_ (State or Country) Where was disease contracted, if not at place of death?..... Former or usual residence (Informant) DATE OF (Address) 20 UNDERTAKER ADDRESS Filed! If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as  $\nu ay$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by American Medical Association.) carbolic acid-probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of "(Iraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should be

AGE

supplied.

should be carefully

V. S. No. 1

Je

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH 13128
1. PLACE OF DEATH	(E3)
county S/? many	Registration Dist. No. 2 & 6
Village or City / Level	No. Cuch St., Ward
	If death occurred in a horpital or inlatitution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
a Y	1471
2. FULL NAME Stufe Actain	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  3 (Month) (Day) (Year) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
DATE OF BIRTH (month day and year) 3 - 13-32	I last saw h == alive on $3-13=1937$ ; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 46 m.
I day,hrs.	THE PARTY CAUSE OF BEATH and released causes of importance
8. Trade, profession, or particular	Were as follows. Oate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	flewalm
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	hite
10. Oate deceased last worked at this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Cal - undudum
13. NAME Charles Sdamed /fels	
13. NAME Charles Schuld I full	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Sarah LuBacker	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAN A CANADA CAN	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 2 and Coate 2 - / 8 , 198 ]	Neture of injury
19. UNDERTAKE Chas Educed Held	24. Was disease or Injury In any way related to occupation of deceesed?.
(Address)	If so, specify
20 FILEO 3-18- 197 LRV. Valcus	(Signed) M. D.
Ranistuan	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the discase or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were a	of death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	rilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	APR 4 1802	July 5,1927	Perilonitis	3 days ago
	DYTENANT Y			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE	OF	MARYLAND-CERTIFICATE OF DEATH	03123

1.	PLACE OF DEATH			
	County St mory	<i>b</i>	Registration Dist. No. 2.8	<b>b</b>
	Village or City Length of residence in city or town where d		No. St.,  death occurred in a hospital or institution, give its NAME instead of street and i  ds. How long In U.S. if of foreign birth? yrs. mi	
2.	FULL NAME Peter	It open	el.	
	(a) Residence: No. Residence	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
	PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	A - A - A - A - A - A - A - A - A - A -
3. SE	gale Coloro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Morch  (Month)  (Day)	, 193 <u>&gt;</u> (Year)
	f merried, widowed, or diverced - HUSBAND of (or) WIFE of  ATE OF BIRTH (month, day, and year)	Hopewell	22. I HEREBY CERTIFY. That I attended  Mor 1931, to Make 14  I last saw have alive on More 13, 1942	∠, 19_ئ ≥
7. A	GE Years Months	Days If LESS than 1 day,hrs. or min.	to have occurred on the date stated above, et &m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Oate of onset
PATION	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,		Torollynes	
0 1	SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town)  (State er country)	11. Total time (years) spent in this occupation	Other Contributory Causes of importance:	
FATH	13. NAME Pulled 14. BIRTHPLACE (city or town)	Russ mil	Name of operation	
MOTH	16. BIRTHPLACE (city or town) (Stete or country)  NFORMANT (Address)	Apreses	23. If death was due to external ceuses (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	, 19 e)
18. E	BURIAL, CREMATION, OR REMOVAL Place Plen Clores.	Date Morol 1619.32	Manner of injury	
	UNDERTAKER Colors  (Address)  FILEO/NAV: 15, 182	Thomas .	24. Was disease or injury in any way releted to occupation of deceased?  If so, specify (Signed) (Signed)	2.0 M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	I	date of the same	Example II	
The principal cause of death and of importance were as follows:  Arteriosclerosis	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	A.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Corebral hemorrhage	0 1932	July 5,1927	Peritonitis	3 days ago
Plins	AU V.S			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (3130)
1. PLACE OF DEATH	
County St., wany	Registration Dist. No. 2 8 C
Village or City Lua class	No. Use St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I LACING Ma	ua /fully
(a) Residence: No. Beauty	St., Ward.
(Usual place of above)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3
John or mains	(Month) (Day) (Year)
156. If married, widowed, or divorced HUSBANO of (or) WIFE of yes. There as follows	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer)	I last saw her aline on 3 -7 - 193 2 that his said
7. AGE Yaars Months Days If LESS than	to have occurred on the dete stated above, at 109 m.
) 6 -   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Parte Indias In Oate of one of
8. Trade, profession, or particular kind of work done, as SPINNER, / Lower SAWYER, BODKKEEPER, etc.	Sudden 5 min
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Oate deceased last worked at his occupation (month and	
10. Oate deceased last worked at this occupation (month and 3-31 spent in this 5-3 occupation 5-3	
711	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	- Contraction of the contraction
13. NAMECKas les / Leury Bullion	
13. NAME Waster Jerry Bullion  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Data of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Excluse Holly	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Sulling Holling  16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Ses Flurias ffulut (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place aced/key Date 3 - 8 1939	Nature of Injury
A.P. mar l-1.	1.4
19. UNOERTAKER  (Address)	24. Was disease or Injury in any way related to occupation of deceased?
2-2-2-81010	(Signed) EMA La Calum M.D.
20. FILEO 2	(Address) arenne 113 f

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

incipal cause of death and related causes of onse or onse or tance were as follows:  If epilepsy 1 week at the street ear 1 week at the street ear 1 days ag
r by street ear 1 week a
2 Total at
lis 3 days ag
contributory causes of importance:
ateritis 1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of infor-

STATE OF	MARYLAND-CERTIFICATE	OF DEATH
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63131

1. PLACE OF DEATH	190
County St Mays	Registration Dist. No. 284
Village or City New Mechanisous	2 No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME OF Can dasph Mes	lly
(a) Residence No. Machanicoville	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH wasch 15 7 1932
male levery Surgle	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	viewed bodg wich. 19
5. DATE OF BIRTH (month, day, and year) How 9 - 1911	Hast saw h. 6 airsoncres 3 16 , 19 3 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
20 4 6 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, & a kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	17-074. To deach from Cog on 5
Industry or business in which work was done, as SILK MILL,	out all night solowing
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this occupation)	dempolon
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) SI May Go	
(State or country) M.L.	
13. NAME Cornelus Medley.	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME OF ELLA Heustey.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) MA	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT os you Harry (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 81 for eff Charle Date 3/17 , 1932	Nature of injury
Se por form	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Lewis for (Address) Machania	If so, specify Lone of Lockson
	(Signed) M. D.
20. FILEO 3/16 -, 19. 32 from Joelson. Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAUVS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH operly classified certificate. Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED back OR DIVORCED may male (Write the word) BINDI 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH \* was as follows: RESERVED Ods. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in Owhich employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER II BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country) TIO RE 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate SCUP/ ients or Recent Residents) CCUI 13 BIRTHPLACE At place of death ......yrs......mos......ds In the OF MOTHER (State or Country b Where was disease contracted, shoul if not at place of death?..... Every item CIANS sho statement Former or usual residence 20 UNDERTAKER ADDRESS Registrar

if more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, At Home, and children, For persons who have no occupation Laborer-Coal mine, etc. not gainfully em-

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid Whooping unqualified, is indefinite); Tuberculosis of lungs, menpcritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular Always qualify all The contributory heart

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ENT RECORD FOR BINDING WITH UNFADING INK-THIS IS A PERM MARGIN RESERVED V. S. No. 1

PLACE OF DEATH County A Angle	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 18282
Village or City Linoardonino.  2FULL NAME LERY Harlan 7	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1992, to 1992, that I last saw him alive on Lat 5, 1992,
7 AGE  yrsds.   If LESS than   I dayhrs.   ormin.?	and that death occurred on the date stated above, at 12-30 am. The CAUSE OF DEATH * was as follows: Pensumoma Bronchial
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
(Informant) John Manning Millourn (Address) Lineard our Hd.	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Ladys Charlet Mally Lack Mars , 1982  20 UNDERTAKER ADDRESS
Registrar	Ernes Hillruss Leaureau., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely. American Medical Association.) carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. (Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, Whooping ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., o: cough; Chronicetc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County St Maryi	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2
Village or City Drayden (No	St.: Ward) (If death occurred a hospital or institution, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Plite Single.  MARRIED. Milonel  OR DIVORCED (Write the word)	16 DATE OF DEATH [March 2/st., 1932] (Month) (Day) (Year)
6 DATE OF BIRTH  Spil (Month) (Day) (Year)	Harel 18, 1992 to March 2/2, 1982 that I last saw h maily on March 26, 198
7 AGE  8 3 yrs	and that death occurred on the date stated above, at 9-384
particular kind of work  (b) General nature of industry business, or establishment in  which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Mary Callange	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs mos ds. State yrs mos Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
15 Filed Max, 22 192 Hattison Hoble	Joseph Mach March 19. 19. 20 UNDERTAKER M. Lo, Waltingly Perusalion

1.1,9

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswho are engaged in the duties of the Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebroshinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all ", Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," eausing death), 29 ds.; L. hopneumonia (secondary), stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaenia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease etc. The eontributory not be death

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FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH (3135
1. PLACE OF DEATH	(84°a)
County At Many	Registration Dist. No. 287
Village or City St. Georges Island	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Louisianna Moore	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  Month (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D Morre	22. I HEREBY CERTIFY. That I attended daceased from 1950, to Man 25, 1932
6. DATE OF BIRTH (month, day, and year) March 9, 1861	Plast saw her alivo on 25, 1932; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	Elina of brain 3/15/82
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Indestry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and the 1930 spent in this occupation 1930)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Manyland	Control hemorhage 6/20/30
13. NAME Sames Wortten	A
13. NAME Same Worten  14. BIRTHPLACE (city or town)	Nama ef operation Los Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy? Ho_
15. MAIDEN NAME atoway Sterrough	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME (State of town)	Accident, suicide, or homicide? Oate of injury, 19
17. INFORMANT Jalya & Magres	Where did injury occur?
18. BURIAL, CREMATION, DR REMOVAL	
Place It Jerryes deland Oate Mr. 26, 1972	Manner of injury
19. UNDERTAKER wim Christingly (Address) Commission and	24. Was disease or injury in any way related to occupation of decaased? Lo
20. FILEDAMA 26, 1932 PASS LA Registrar.	(Signed) M. D. (Address) Breat Mells, and
Registrat.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	W 17 3 /
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 5 1992	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street ear	1 week ago
Corebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ngo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PLAINL

N. B .--

V. S. No. 1

FOR BINDING	IS A PERM ENT RECORD	. ACE should be stated EXACTLY, PHYSI-so that it may be properly classified. Exact
BIND	PERM	should it ma
FOR	IS A	Bo that

PLACE OF DEATH	STATE OF MARYLAND
County St Mary	CERTIFICATE OF DEATH
200	Registration Dist. No.
Village or City Talley Lee, (No	St.: Ward) (If death occurred in a hospital or institution, give ita NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemse White Single, MARRIED, WIDOWED. Trained OR DIVORCED (Write the word)	16 DATE OF DEATH Musch 22, 1932.  (Month) (Day) (Year)
6 DATE OF BIRTH    Macl	17 J I HEREBY CERTIFY, That I attended the deceased from March 19,4, 1932, that I last saw here alive on March 1944, 1932,
7 AGE  63 yrsmosds.   If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at 12-151, m. The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) St. Mary, Loo, M.L.	Contributory Secondary  (Duration) 3 yrs. mos ds.  Contributory Secondary
10 NAME OF Squations Bohanan  11 BIRTHPLACE OF FATHER (State or country)  12 (State or country)	(Signed)
12 MAIDEN NAME (Motha Peodoch 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
(Informant) Regules M. Rifgell  (Address) Valley Lee, Ind.	Former or usual residence
15 Filed Max, 22 132 Harrison Hobby Registrar	20 UN DERTAKER Hallingh Le Mallingh Leonardlown his
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., war-laborer, laborer, laborer, laborer, farm laborer, are tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed. Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH; to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthworked on may form part of the second statement. Physician, Compositor, Architect, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocapplies to each and every person, irrespective of For many occupations a single word or term on without more precise specification as Day Stationary firemon, etc. But in many Laborer-Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus;" "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; \_ stated unless important American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (c.g., sepsis, carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as Committee "Heart failure," "Haemorrhage," ChronicExample: Measles (disease on Nomenclature chopneumonia (secondary), The n ture of the injury, etc. affection need valvular heart The contributory ton disease;

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V. S. No. 1

PLACE OF DEATH  County SI May	STATE OF MARYLAND CERTIFICATE OF DEATH
Honaltown	Registration Dist. No. 282
Village or City Mechanica ile (No	Mary Hosp St.: Ward)  (If death occurred in a hospital or institution, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX   4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED.  Telhale white (Write the word) Snyl	16 DATE OF DEATH, 192
6 DATE OF BIRTH  Sulcy 5, 1927  (Month) (Day) (Year)	that I last saw hereafter on Therefore, 1923,
7 AGE  4 yrs. 7 mos. 3 ds.   If LESS that   I day hr	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. 5 de.
9 BIRTHPLACE (State or country) Virginia	Contributory 1.100 Possible Condary (Duration) Secondary (Duration) Secondary de.
10 NAME OF FATHER Than Thomason	(Signed) Alaysus O Welch M. D. March 6 198 KAddress) Chaptus Md
OF FATHER (State or country) North, Carolina  12 MAIDEN NAME	*State the list ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Unjury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Naunie Finnile  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmos. 3ds. In the Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Mclanuswille Ma
(Address) Much Mal.	Heder Frome Centry Va March \$ 193.
15 Filed 2/6 19232 Carral Registral	20 UNDERTAKER ADDRESS  South Molato V

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cooks ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, ctc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a Or especially in industrial employments, it is neces-At Home, and children, without more precise specification as Day Stationary fireman, etc. But in many single word or term on not gainfully em-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Txamples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely as tracture of skull, and consequences (e. g., sepsis, stated unless important. carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. salams) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS State MEANS OF INJUNY Chronic interstitual nephritis, approved by Committee on Nomenclature of the Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Siusaus	Registration Dist. No. 2 8 C
Village or City Cleaner	No. and St Word
(If	death occurred in a norphial or institution, give its iNAIVIE instead of street and number)
Length of residence in city or town where death occurredyrsmos.	the low long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME AUCO	Villans
(a) Residence: No. Cusual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 4 193 2
5a. If married, widowed, er divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
0 1 22	, 19, to, 19, 19
6. DATE OF BIRTH (month, dey, and year) 3 - 6 - 3 2	I last saw h
7. AGE Years Months Deys If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows
8. Trade, profession, or particular kind of work done, es SPINNER,	Jun alu 3-6-3
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	fitt
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month end spant in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	ace ama
13. NAME / Lever Williams	
13. NAME Serve Mallacus  14. BIRTHPLACE (city or town)	Name of a section
(State or country)	Name of operation Date of
IS. MAIDEN NAME / Klew Daniel	What test confirmed diagnosis? Was there an autopsy?
11	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
Man millium	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Inform
Place Clumb Date 3 - 7 - 1922	Manner of injury
19. UNDERTAKER Hung milliams.	24. Was disease or injury In eny way related to occupation of deceased?
(Address)	If so, specify 5A
20. FILED 2 - 6 - , 1932 N. V. Palcum  Registrar.	(Signed) / M. J. alum, M. D.  (Address) artime M. D.
7/	MAST N Charles Street Relaimons Passages #1 C N.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N: B

	63139
PLACE OF DEATH  County St. Many	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 28
Village or City Michanicanelle (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Walled	16 DATE OF DEATH TRANS 12, 195 2 Warch (Month) /2 (Day)/932(Year)
6 DATE OF BIRTH  7 , 1872  (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That 1 attended the deceased from 193 to March 12, 1952 that 1 last saw h Amaliye on 7th - 1932
7 AGE   If LESS than   I day hrs.   ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. 13 mos de
9 BIRTHPLACE (State or country)  Manulan	Contributory Secondary  (Durstion) yrs mos ds
10 NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME	(Signed)
12 MAIDEN NAME OF MOTHER Way Jane Dean	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Manufan	ients or Recent Residents)  At place In the of deathyrsmosds.  Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED'GE	if not at place of death?
(Informant) Mrs I. a. Berger	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mechanicsmile	St. Josephs Cemelan march: 4193
13 Filed Meh 12 1932 d. 12 Johnson	20 UNDERTAKER ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on ticianus) may be stated under the head of "contributory. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Chronic valvular heart disease; and consequences (e. g., sepsis, ," "Coma," "Convulsions, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied.

TION is very important.

1. PLACE OF DEATH		23	
County SI MOTY	2	Registration Dist. No. 2 80	
Village or City Port	Harl	NoSt.,War	rd
Length of residence in city or town where d		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. it of foreign birth?	ds.
2. FULL NAME MAN	5/2. 4	della,	
(a) Residence: No.	orac /	St. Ward.	
(a) nesidelice. No.	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1. SEX 4. COLOR OR RACE Block	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (reprice the word)	21. DATE OF DEATH  Moh  (Month)  (Day)  (Yaar)	
5a. If married, wildowed, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I attended deceased fro	
(or) WIFE of forward	Tures	22. HEREBY CERTIFY. That t attended deceased fro	
6. DATE OF BIRTH (month, day, and year)	unlerrouse /	Hast saw h 22 alive on mer 29 1952; death is sa	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3	
30	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	- 2
8. Trade, profession, or particular kind of work done, as SPINNER,	1	F. D. Vuers.	-
SAWYER, BOOKKEEPER, etc.	Laurent .		
work was done, as SILK MILL SAW MILL, BANK, etc.	k in private and	4	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town)	Hun	O. C.	-
(State or country)	me		
13. NAME (13. TAME) 14. BIRTHPUACE (city or town) Her	nerdgring		
14. BIRTHPLACE (city or town) (State or country)	milei. My.	Name of operation	
	7,	What test confirmed diagnosis? Was there an autopsy?	
H	The same of the sa	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town) (State or country)	mil	Where did Injury occur?	
17. INFORMANT Advant	Wall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	N A	Manner of injury	
Place of Jeone Miz	Bellepril, 1932	Nature of Injury	
19. UNDERTAKER Thomas	Homes	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	mille me	If so, specify	
20. FILED Tral 30, 19 32	Jon"	(Signed) M.	. D.
<b>*</b>	Registrar.	(Address) Ledje Mil	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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